

# EXECUTIVE LOBBYING EXPENDITURE REPORTING DESIGNATION

Pursuant to LSA-R.S. 49:76G(2)(a), an employer or principal of a lobbyist may elect to file the Lobbying Expenditure Reports as required by Title 49 on behalf of all of its lobbyists. The designation form is to be completed and submitted by **January 31<sup>st</sup>** of each year. This designation will be effective for the reporting of all expenditures made during that calendar year. This form must include a listing of all persons for whom you will be reporting. Also, please list a contact person who will be responsible for completing such reports and for receiving any correspondence regarding reporting deadlines and late fees. Failure to fully complete this form may render your designation ineffective.

Hand deliver or mail to: 2415 Quail Drive, 3<sup>rd</sup> Floor, Baton Rouge, LA 70808

OR

Fax to: (225) 763-8787 or (225) 763-8780

FOR OFFICE USE ONLY

Postmark Date: 01/24/01

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1. EMPLOYER/PRINCIPAL Louisiana Farm Bureau Insurance Companies

2. BUSINESS ADDRESS 9516 Airline Hwy., Baton Rouge, LA 70815  
Street and No. City State Zip

MAILING ADDRESS Same  
Street and No. City State Zip

3. CONTACT PERSON: Metrailler Ann M.  
Last First MI

4. MAILING ADDRESS 9516 Airline Hwy. Baton Rouge LA 70815  
(If different from above) Street and No. City State Zip

5. PHONE NUMBER (225) 922-6200  
Area Code and Phone Number

6. FAX NUMBER (225) 922-6207  
Area Code and Fax Number

7. Names of Lobbyists who are employed by or who represent the interests of the Principal listed above:

1) Name: Metrailler Ann M. EXEC.ID.# 5  
Last First MI

2) Name: \_\_\_\_\_ EXEC.ID.# \_\_\_\_\_  
Last First MI

3) Name: \_\_\_\_\_ EXEC.ID.# \_\_\_\_\_  
Last First MI

HAND DELIVERED

**EXECUTIVE CARRYING EXPENDITURE  
REPORTING DESIGNATION**

4) Name: \_\_\_\_\_ EXEC ID.# \_\_\_\_\_  
Last First MI

5) Name: \_\_\_\_\_ EXEC.ID.# \_\_\_\_\_  
Last First MI

6) Name: \_\_\_\_\_ EXEC.ID.# \_\_\_\_\_  
Last First MI

7) Name: \_\_\_\_\_ EXEC.ID.# \_\_\_\_\_  
Last First MI

6) Name: \_\_\_\_\_ EXEC.D.# \_\_\_\_\_  
Last First MI

9) Name: \_\_\_\_\_ EXEC.ID.# \_\_\_\_\_  
Last First MI

10) Name: \_\_\_\_\_ EXEC.ID.# \_\_\_\_\_  
Last First MI

Pursuant to LSA-R.S. 49:76G(2)(a), Louisiana Farm Bureau Insurance Company  
Name of Employer or Principal  
is exercising the option of filing expenditure reports for all executive lobbying expenditures  
made on my/its behalf by persons representing my/its interests during the year of 2016.

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Employer/Principal or Representative

Print or Type Full Name Ans M. Mettrick